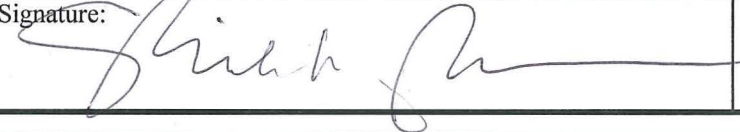




Report Type:	
Year (Annual Report only):	2016
Date of Appointment/Termination:	01/20/2017

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Pence	Michael	R	Vice President of the United States of America	
Other Federal Government Positions Held During the Preceding 12 Months:				
None.				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 			Date: 5/16/17	
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations				
Signature: 			Date: 5/15/17	
Other Review Conducted By:				
Signature:			Date:	
U.S. Office of Government Ethics Certification (if required):				
Signature: 			Date: 5/15/17	
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	2

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	State Government of Indiana	Indianapolis, IN	State Government	Governor	01/14/2013	01/09/2017
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Michael R. Pence					3
Part 2: Filer's Employment Assets & Income and Retirement Accounts					
#	Description	EIF	Value	Income Type	Income Amount
1.	Salary - State Government of Indiana	N/A		Salary	\$109,749
2.	Defined Benefit Pension - State Government IN	N/A	\$500,001 - \$1,000,000	None	None (or less than \$201)
3.	Defined Contribution Plan - State Government IN - INPRS 2025 Composite Index Fund	Y	\$1,001 - \$15,000	None	None (or less than \$201)
4.	Deferred Compensation Plan - State Government IN - Indiana 2025 Index Fund	Y	\$1,001 - \$15,000	None	None (or less than \$201)
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	4

Part 3: Filer's Employment Agreements and Arrangements

#	Employer or Party	City/State	Status and Terms	Date
1.	State Government of Indiana	Indianapolis, IN	Continuing participation in a state government defined benefit (pension) plan.	1/14/2013
2.	State Government of Indiana	Indianapolis, IN	Continuing participation in a state government defined contribution plan (annuity savings account provided by the Indiana Public Employees' Retirement Fund). The plan sponsor no longer makes contributions.	1/14/2013
3.	State Government of Indiana	Indianapolis, IN	Continuing participation in state government deferred compensation plan (457(b)/401a). The plan sponsor no longer makes contributions.	1/14/2013
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	5

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	N/A		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	6

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	That's My Towel Charm, Inc. Location: Indianapolis, Indiana Type: Crafts Business	N/A	None (or less than \$1,001)	Business Income	
2.	Self-Employed Artist Location: Indianapolis, Indiana Type: Paintings	N/A	None (or less than \$1,001)	Business Income	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	7

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	U.S. bank account - cash	N/A	\$1,001 - \$15,000	Interest	None (or less than \$201)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required

Filer's Name	Page Number
Michael R. Pence	8

Part 7: Transactions

#	Description	Type	Date	Amount
1.	N/A			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	9

Part 8: Liabilities

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$10,001 - \$15,000	2014	6.160%	2024
2.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$10,001 - \$15,000	2014	6.960%	2024
3.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$15,001 - \$50,000	2013	6.160%	2023
4.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$15,001 - \$50,000	2014	6.960%	2024
5.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$15,001 - \$50,000	2015	6.590%	2025
6.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$15,001 - \$50,000	2014	6.960%	2024
7.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$15,001 - \$50,000	2015	6.590%	2025
8.	Great Lakes Higher Education Corporation	Parent PLUS Student Loan	\$10,001 - \$15,000	2016	6.060%	2026
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Michael R. Pence	10

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.	N/A			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				